

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/937990** FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL DEP. | | ↔ | | ↔ | | ↔ |
| TOTAL CLAIMS | | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831

BEST AVAILABLE COPY

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|-------------------------|----------|------|------------------------|------|------------------------|------|
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| TOTAL CLAIMS | | | | | | |

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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | ↓ | | ↓ | |
| TOTAL DEP. | | | ↔ | | ↔ | ↔ |
| TOTAL CLAIMS | | | | | | |

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|---------------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | | | 631 | |
| TOTAL DEP. | | | | | 105 | |
| TOTAL CLAIMS | | | | | 136 | |

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